

1080

PLACE OF DEATH

County GreenleeDistrict _____
Town _____
Or City MetcalfARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 134County Registered No. 239

Local Registrar's No. _____

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)FULL NAME Angel Guerrero

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED
WIDOWED
or DIVORCEDDATE OF BIRTH _____ 191____
(Month) (Day) (Year)AGE about 59 yrs. _____ mos. _____ days _____ hrs., or _____ min.
If less than 1 dayOCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed or (employer) _____BIRTHPLACE (State or country) ChihuahuaNAME OF FATHER Florentino GuerreroBIRTHPLACE OF FATHER (State or Country) ChihuahuaMAIDEN NAME OF MOTHER Masaron EstradoBIRTHPLACE OF MOTHER (State or Country) Chihuahua MexThe Above Is True to the Best of My Knowledge
(Informant) Carrie Webb(Address) Metcalf Ariz

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL OR REMOVAL _____ 191____

UNDERTAKER _____ ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1920
(Month) (Day) (Year)I hereby certify, that I attended deceased from 7/3 1920 to 7/3 1920; that I last saw him alive on 7/3 1920, and that death occurred on the date stated above at 6 a.m. The DISEASE or INJURY causing Death was as follows:Cerebral haemorrhage
(Duration) _____ yrs. _____ mos. 4 daysWas disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY _____

(Duration) _____ yrs. _____ mos. _____ days

(Signed) E. J. Boring7/7 1920 (Address) Metcalf

In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE _____

At place of death 25 yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed July 7th 1920 H. T. Bingham

Local Registrar

Filed 8/4 1920 R. A. Burtch

County Registrar

County Registrar

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.